

A Study to Assess the Effectiveness of Self Instructional Module on Knowledge Regarding Minor Ailments and its Management during Pregnancy among Primigravida Mothers in Selected Hospitals of Mehsana District, Gujarat

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ABSTRACT

Pregnancy is considered as one of the most beautiful events in every female life which brings a lot of physiological and hormonal changes to prepare women for motherhood. Pregnant women should be responsible to support the health of the child. The aim of this study is to assess the effect of self-instructional module on knowledge regarding minor ailments and its management during pregnancy among primigravida mothers in selected hospitals of Mehsana district, Gujarat. Quantitative research method was used for this study. The research design adopted for this study is pre experimental one group pre-test one group post design. Non – probability convenient sampling test is used for collecting samples. The study was conducted after obtaining consent from the concerned authorities of the hospital and participants care giver. A tool was prepared to assess the effectiveness of self-instructional module on minor ailments and its management during pregnancy. A total of 24 questionnaires were prepared to assess the knowledge of mothers. The data thus collected were analysed using differential and inferential statistics. The pre-test mean score is 8.33% and post-test is 14.18%. the 't' value is 13.28%. The study revealed that there is an inadequate knowledge regarding minor ailments in primigravida mothers. It is proved that there is a significant improvement in the knowledge regarding minor ailments in primigravida mothers. It is proved that there is no significant association between the knowledge and practice.

KEYWORDS: *Primigravida mothers, minor ailments, pregnancy, knowledge*

INTRODUCTION

Pregnancy is one of the most precious, memorable and unique experience in each mother's life. The pregnant mothers should understand the normal physiological changes that are occurring in their body during the stages of pregnancy and should take into account the health care and lifestyle considerations. ⁽¹⁾

Pregnancy is considered to be a normal physiological state, by medical sciences. To a lay person it is a common phenomenon occurring in women after marriage. According to genetics it is the process of procreations. But above all for women it is a state of joy and satisfaction.

In India, most of the mothers have poor knowledge regarding antenatal, intranatal care and postnatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Though they are the prominent care providers within the 2 family and key to human development and well-being, the fundamental right health is denied to them in most parts of the world. The death of a mother increases the risk to the survival of her young children, as the family cannot substitute a maternal role. ⁽²⁾

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Every Pregnancy is an unique experience for the women and each Pregnancy that the women experience will be new and uniquely different. Pregnancy is a long and very special journey for the woman. It is a journey of dramatic Physical, Psychological and social change of becoming a mother for the new born child. The majority of discomforts experienced during Pregnancy can be related to either hormonal changes or the Physical changes related to growing foetus. ⁽³⁾

Maternal health is connected with women's lives and options as individuals, the well – being of their children and families, and the economic productivity of their countries.

Pregnant women experience common disorders such as Nausea, vomiting, backache, pica, leg cramps, constipation, haemorrhoids, varicose vein etc. Often this minor ailment associated with pregnancy can cause discomfort. This discomfort can be overcome by making small adjustments in your life style there by ensuring that you have a healthy and comfortable pregnancy.

Many women experience minor ailments during pregnancy. These ailments should be treated properly as they may escalate and become life threatening. Minor ailments may occur due to hormonal changes and accommodation changes of every system of the body. The mother needs knowledge to cope with the experience of pregnancy. ⁽⁴⁾

Result

The data obtained were analyzed and presented under following heading;

Section A: Description of Demographic characters of Mothers

Section B: Analysis and interpretation of data regarding knowledge of minor ailments and its Management during pregnancy among primigravida women

Section C: Effectiveness of self-instructional module on knowledge regarding minor ailments and its management among primigravida mothers

Section D: Association of knowledge of primigravida mothers with their selected demographic Variables

Section A: Description of Demographic characters of Mothers

The findings of the study show that 13.33% of the primigravida mothers were in the age group of < 20 years, 66.66% of the primigravida mothers were in the age group of 21 – 30 years, 20% of the primigravida mothers were in the age group 31 – 40 years and no mothers at the age group of 40> years. Regarding education 45% of primigravida mothers completed primary and secondary education, 15% of primigravida mothers completed higher secondary education, 13.3 % of primigravida mothers completed graduate and post graduate and 26.66% are illiteracy. Study on occupation shows that 11.46 % of primigravida mothers were government employees, 15% of primigravida mothers were private employees 58.33% of mothers were housewife and 15% of them are self-employed. Study on type of family shows that 25% of them belongs to nuclear family, 48.33% of them belongs to joint family and 26.66% belongs to extended family. On socio economic status 8.33% have monthly income of <5000, 31.66% having monthly income of 6000 – 15000, 43.33% of them having monthly income of 15001 – 20000 and 16.66% of them have a monthly income of > 20000. A study on religious status shows that 81.66% were Hindus, 15% belongs to Muslim religion and 3.33% of them belongs to Christian religion. In dietary pattern 80% of primigravida mothers were vegetarian and 20% of mothers were non – vegetarian.

Objectives of the study

1. To assess the knowledge regarding minor ailments and its management during pregnancy among primigravida mothers
2. To evaluate the effectiveness of self-instructional module on minor ailments and its management among primigravida mothers
3. To find out the association between knowledge with their selected demographic variables.

Materials and methods

The study was conducted in selected hospitals of Mehsana. The study population comprises of 60 primigravida mothers admitted in selected hospitals of Mehsana. Convenient sampling technique is used to select the sample based on the inclusive and exclusive criteria. Demographic performa consisted of eight items namely age, educational status, occupational status, type of family, socio economic status, dietary pattern, period of gestation and source of information. A total of 24 questions were prepared to assess the knowledge level of mothers. The knowledge level was classified into poor knowledge (0 – 8), average knowledge (9 – 16) and good knowledge (17 – 24). Pretest was conducted for 60 women by administering the self-structured questionnaire. Immediately after the pre-test self-instructional module was administered to primigravida mothers. The post test was conducted after 7 days of administration of self-instructional module. Mean, percentage and standard deviation were used for analysing pre-test and post test scores.

Regarding study on period of gestation 35% were in first trimester, 51.66% were in second trimester and 13.33% are in third trimester. Regarding previous knowledge about minor ailments and its management 15% of primigravida mothers have previous knowledge and 85% of them don't have previous knowledge regarding minor ailments and its management.

Section B: Analysis and interpretation of data regarding knowledge of minor ailments and its management during pregnancy among primigravida women

S. No	Characteristics		Categories	Frequency	Percentage (%)
1	Age in years	a)	< 20	08	13.33
		b)	21- 30	40	66.66
		c)	31-40	12	20
		d)	>40	00	0
2	Educational Status	a)	Illiteracy	16	26.66
		b)	Primary & secondary	27	45
		c)	Higher secondary	09	15
		d)	Graduate & P. Graduate	08	13.33
3	Occupation	a)	Government employee	07	11.46
		b)	Private employee	09	15
		c)	Housewife	35	58.33
		d)	Self- employed	09	15
4	Type of family	a)	Nuclear family	15	25
		b)	Joint family	29	48.33
		c)	Extended family	16	26.66
5	Socio economic status	a)	< 5000	05	8.33
		b)	6000 – 15000	11	31.66
		c)	15001 – 20000	26	43.33
		d)	> 20000	10	16.66
6	Religion	a)	Hindu	49	81.66
		b)	Muslim	09	15
		c)	Christian	02	3.33
		d)	Others	00	0
7	Dietary pattern	a)	Vegetarian	48	80
		b)	Non - vegetarian	12	20
8	Period of gestation	a)	First trimester	21	35
		b)	Second trimester	31	51.66
		c)	Third trimester	08	13.33
9	Previous knowledge	a)	Yes	09	15
		b)	No	51	85

Regarding percentage of knowledge level none of the mothers have good knowledge regarding minor ailments. 73.33% of mothers had average knowledge regarding minor ailments and 26.66 % of mothers had poor knowledge regarding minor ailments.

In post-test 78.33 % of mothers had average knowledge and 21.66 % of mothers had good knowledge and none of the mothers had poor knowledge regarding minor ailments

Level of Knowledge	Pre test		Post test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Poor (0 – 7)	16	26.66	0	0
Average (8-15)	44	73.33	47	78.33
Good (16 – 20)	0	0	13	21.66

Section C: Effectiveness of self-instructional module on knowledge regarding minor ailments and its management among primigravida mothers

During pre-test the mean score is 8.33% and standard deviation is 1.35%. During Post-test mean score is 14.18% and Standard deviation is 1.46% and “t” value is 13.28%. Hence research hypothesis H_1 is retained as $p \leq 0.05$ level. Thus it becomes evident that self-instructional module is effective in improving the knowledge regarding minor ailments and its management.

Variable	Mean (%)	Mean difference (%)	SD (%)	“t” value (%)
Pre – test	8.33	5.85	1.35	13.38
Post - test	14.18		1.46	

Section D: Association of knowledge of primigravida mothers with their selected demographic Variables

S. No	Demographic variables	Frequency	Level of knowledge			d. f	Chi-square test	Table value
			poor	average	good			
1	Age					06	2.83	12.59
	a) <20	09	0	08	01			
	b) 21–30	39	0	28	11			
	c) 31–40	12	0	11	01			
	d) <40	00	0	00	00			
2	Education Status					06	9.54	12.59
	a) Illiteracy	16	0	14	02			
	b) Pri & Sec. education	27	0	21	06			
	c) Higher secondary	09	0	04	05			
	d) UG and PG	08	0	08	00			
3	Occupation					06	8.30	12.59
	a) Govt. employee	08	0	08	00			
	b) Pvt employee	09	0	05	04			
	c) Housewife	36	0	30	06			
	d) Self - employed	07	0	04	03			
4	Type of family					04	1.22	9.49
	a) Nuclear	15	0	12	03			
	b) Joint	29	0	24	05			
	c) extended	16	0	11	05			

The study shows that regarding age, knowledge, occupation, type of family, socio – economic status, religion, dietary pattern, period of gestation and previous knowledge the calculated chi – square value is less than chi – square table value. So there is no significant association between variables such age, knowledge, occupation, type of family, socio – economic status, religion, dietary pattern, period of gestation and previous knowledge.

Discussion

The present study shows that 66.66% of the mothers belonged to the age group of 21 – 30 years, 45% of women had primary and secondary education, 58.3% were housewife, 48.3% of women belongs to joint family, 43.33% of them have monthly income of 15001 to 20000, 81.66 belongs to Hindu religion, 80% were vegetarian, 51.66% of the mothers were in second trimester, 85% were not having previous knowledge about minor ailments and its management

During pre-test 26.66% primigravida women had poor knowledge, 73.33% women had average knowledge. During post-test 78.33% primigravida

women had average knowledge and 21.66% primigravida had good knowledge.

In pre-test the mean is 8.33% and post-test mean is 14.18%. The pre-test standard deviation is 1.35% and post-test standard deviation is 1.46. The mean difference is 5.85% and the obtained t- value is 13.38% which are significant at 0.05% level. Hence the stated hypothesis was accepted.

The variables such as age, education status, occupation, type of family, socio economic status, religion, dietary pattern, period of gestation and previous knowledge regarding minor ailments and its management have lesser chi square value than chi

square calculated value. This shows that there is no any significant association between these variables.

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